

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: FUCHSIA PROPERTY MAINTANENCE CO.

BUSINESS STREET ADDRESS: 7501 SW 39 ST DAVIE, FL ZIP 33314

BUSINESS MAILING ADDRESS: 7501 SW 39 ST DAVIE, FL ZIP 33314

BUSINESS PHONE: (954) 474-1134

DESCRIBE TYPE OF BUSINESS: PROPERTY MANAGEMENT

BUSINESS IS: Corporation _____ Sole Proprietor X Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>DIANE GROSSO</u>	<u>7501 SW 39 ST</u>	<u>DAVIE/33314</u>	<u>(954) 474-1134</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 2005 and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

DIANE GROSSO - OWNER
Print Owner or Officers Name and Title

Diane Grosso
Signature of Owner or Officer

Office Use Only: Date <u>1/24/05</u> Category <u>13500</u> Fee <u>121.55</u> Rec# _____ Fee Exempt per Sec. 13-13 _____	
License # <u>0521038</u>	Control # <u>16851</u>
Council approval Required <u>Yes</u> _____ No _____	Zoning <u>R-1</u> _____
Town Council Date _____	Zoning Approval <u>Pat</u> _____ Date <u>1/31/05</u>
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

Loc ID 25938

50-41-27-01-0377

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